

ROCKINGHAM COUNTY
DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, Virginia 22802
(540) 564-3020 Fax: (540) 564-3048
www.rockinghamcountyva.gov

Date _____

WATER AND SEWER
APPLICATION FOR SERVICE

I (we) _____ hereby make application for
water _____ and/or _____ sewer service to the premises located at _____
zip code _____ Subdivision _____.

Please make service effective (date) _____. I am (we are) the owner _____,
or tenant _____. If tenant, the owner is _____ and has indicated
approval of the County's provision of service. I (we) understand that connections made are to be in
conformance with existing policies and ordinances of Rockingham County and agree to pay for
service(s) at the rates and fees established by and as may be revised by the Rockingham County
Board of Supervisors. I (we) further understand that service(s) may be discontinued in the event
bills are not paid when due.

_____ Telephone

_____ Telephone

Signature of Owner

DL # or Social Security Number

Applicant Mailing address:
(if different from service):

Signature of Applicant or Agent

Deposits are returned after 12 consecutive months of payments received on time, no interest charges

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(For Office Use)

WATER Service Area _____

Date of Service _____

SEWER Service Area _____

Old Account # _____ / _____

OWNER Deposit \$ 50 Water
 \$ 50 Sewer
 \$ 100 Both

Meter Number _____ *Read =* _____

Antenna # _____

Cash _____ *Check #* _____ *Receipt #* _____

RENTOR Deposit \$ 75 Water
 \$ 75 Sewer
 \$ 150 Both

Book # _____ *Page #* _____

Customer # _____

City Account # _____



Received By _____